Phone 501-682-5070 Fax 501-682-3408

## Candidate Information/Receipt For 2004 Election Year

Name of Candidate:		Please print name as	s it is to appear on ballot		
		r rodos print riamo a	on to to appear on ballot		
Office Sought:			District No	Sub District No.	( if any)
Division No. (if any)				didate resides:	
Party Affiliation:	Democrat,	Republican	_, Independent	, Write In,	
	Non-Partisan Judicia	al,    Other		·	
Phone: ()	F	Please put the nur	mber you want releas	ed to the public.	
Permanent Address:		_	Camp ————	aign Address: (if different address	
				ent of filing fees, etc	
Candidate has been	offered opportunity to	fill out optional b	ackground information	n	·····
Candidate has receiv	ed information packe	t which includes:.			<u> </u>
<ol><li>Campaign</li></ol>	Election Calendar Finance Rules & Reg Information Book	gulations	<ul><li>2. Campaign Finance Forms</li><li>4. Statement of Financial Interest</li></ul>		
This receipt shal completed, and the a		•		retary of State's office l	nave been
Candid	date's Signature			Elections Division Sta	aff
	** The fo	llowing info	rmation is optio	nal **	
Marital status: Mar	ried 🗌 Single 🔲	Sex: Male	Female Da	te of Birth:	
Place of Birth:				Race:	
	Religion:			·	
Schools attended:					